



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LEAD LICENSING PROGRAM  
**LEAD ABATEMENT PROJECT POST-ABATEMENT REPORT**

## GENERAL INFORMATION

You must provide a completed *Post-Abatement Project Report* form to the property owner within twenty (20) business days of completing a lead abatement project (19 CSR 30-70.630 (8)).

- Please type or print legibly.

## PART A. PROJECT INFORMATION

PROJECT ADDRESS (PLEASE INCLUDE THE STREET ADDRESS, CITY, STATE, ZIP CODE AND COUNTY OF EACH LOCATION WHERE ABATEMENT OCCURRED)

PROPERTY OWNER(S) (PLEASE INCLUDE NAME, ADDRESS AND TELEPHONE NUMBER)

PROJECT START DATE

PROJECT COMPLETION DATE

## PART B. PROJECT PERSONNEL (additional pages may be attached)

LEAD ABATEMENT PROJECT CONTRACTOR (Name and Complete Address)

TELEPHONE NUMBER

LICENSE NUMBER

LEAD ABATEMENT PROJECT SUPERVISOR(S) AND/OR PROJECT DESIGNER (IF APPLICABLE)

NAME

LICENSE NUMBER

LEAD ABATEMENT PROJECT WORKERS

NAME

LICENSE NUMBER

NAME

LICENSE NUMBER

## PART C. CLEARANCE TESTING (additional pages may be attached)

RISK ASSESSOR/LEAD INSPECTOR

NAME

LICENSE NUMBER

NATIONAL LEAD LABORATORY ACCREDITATION PROGRAM (NLLAP)-ACCREDITED LABORATORY THAT CONDUCTED THE ANALYSES

DATE OF CLEARANCE TESTING

MEDIA

RESULTS

MEDIA

RESULTS

**PART D. PROJECT DESCRIPTION (this page may be copied if needed)**

Write a detailed description of the lead abatement project, including abatement methods used, locations of rooms and/or components where abatement occurred, reason for selecting particular abatement methods for each component, and any suggested monitoring of encapsulant or enclosure (19 CSR 30-70.630 (8) (H)).

Location of Rooms and/or Components Where Abatement Occurred:	Abatement Methods Used: (Check ALL that apply)	Reason for Selecting Method Used for EACH component:	Suggested monitoring for Encapsulant or Enclosure:
	<input type="checkbox"/> Replacement <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulation <input type="checkbox"/> Removal <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		
	<input type="checkbox"/> Replacement <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulation <input type="checkbox"/> Removal <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		
	<input type="checkbox"/> Replacement <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulation <input type="checkbox"/> Removal <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		
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	<input type="checkbox"/> Replacement <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulation <input type="checkbox"/> Removal <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		

**NOTE: THE FOLLOWING STATEMENT MUST BE SIGNED BY THE LEAD ABATEMENT SUPERVISOR(S) LISTED ABOVE**

**I hereby certify that all of the information provided in this post-abatement report is complete and true to the best of my knowledge.**

SIGNATURE OF LEAD ABATEMENT SUPERVISOR

DATE